

LICENSED ANGLERS REDCap ONLINE SCREENING SURVEY SCREEN SHOTS

ALL RESPONDENTS

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Milwaukee Angler Project ... x

https://redcap.ictr.wisc.edu/surveys/?s=HRHK47NC8H

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Wisconsin Department of Health Services

Milwaukee Angler Project Eligibility Screening Survey

Form Approved OMB No. 0923-171Y Exp. Date xx/xx/201x

ATSDR estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-171Y).

Please complete the short screening survey for the Milwaukee Angler Project.

Please respond to all of the questions on this survey. It should take you 5 minutes to answer these questions. Your answers will help us determine your eligibility for this project.

First Name

Last Name

Middle Initial

Street number and name

Apartment or unit

City

State

Zip Code

I have lived at this address for one year or longer.

Yes
 No

[reset](#)

I am a male OR I am a female who is not currently pregnant.

Yes
 No

[reset](#)

ELIGIBLE RESPONDENTS

If the respondent provides all Name and Address information and answers 'Yes' to all of the screening questions:

Page 2 (eligible)

(Follow-up question about text messaging appears if 'Cell' is selected)

80% Search

Wisconsin Department of Health Services

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Page 2 of 2

ELIGIBILITY DETERMINATION

It looks like you might be eligible to participate in this project. Please fill out the information below so that project staff can contact you if you are selected to participate in the Milwaukee Angler Project.

Please enter your email address.

if you do not have an email address, please write "Don't have one"

Please enter the best telephone number to reach you at.

What type of phone number is this?

Home

Work

Cell

Other

reset

Can we send you text messages?

Yes

No

reset

Please enter an alternate phone number where we can reach you.

if you do not have one, please leave this field blank.

Please enter an alternate phone number where we can reach you.

if you do not have one, please leave this field blank.

Please indicate the best days and times to reach you by telephone.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. A staff member from this project may contact you in the next week or two if you are a good fit for this project.

<< Previous Page Submit

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INELIGIBLE RESPONDENTS

If the respondent answers 'No' to one or more of the screening questions:

Page 2 (ineligible)

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ELIGIBILITY DETERMINATION

Unfortunately, you are not eligible to participate in this project at this time.

Thank you for your time today.

<< Previous Page Submit

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ALL RESPONDENTS

End survey screen

